MAXIMUS Federal Services

Case Number:	CM14-0043681		
Date Assigned:	07/02/2014	Date of Injury:	05/22/1998
Decision Date:	08/22/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 49 year-old female was reportedly injured on 5/22/1998. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 5/15/2014, indicates that there are ongoing complaints of low back pain and wrist pain. The physical examination demonstrated mild tenderness of the right arm throughout, even with light touch, and mild tenderness of the right lateral and medial epicondyle. Physical exam of the spine showed mild decreased range of motion in the cervical and lumbar spine with pain. Positive tenderness of the lumbar, sacral, and cervical spine and paraspinous with mild paralumbar muscular tightness was noted. Trigger points with taught bands in the posterior cervical paraspinals mainly on the right was also noted. The patient had decreased strength and a pain in the right upper extremity. No recent diagnostic studies are available for review. Previous treatment includes Transcutaneous Electrical Nerve Stimulation (TENS) unit and medications. A request was made for Cymbalta 30 mg, #30 with 3 refills, Voltaren 1% Gel #5, with 2 refills, and was not certified in the pre-authorization process on 3/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cymbalta 30mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93 of 127.

Decision rationale: Cymbalta is a serotonin-norepinephrine reuptake inhibitors (SNRI) medication that is Food and Drug Adminstration (FDA) approved for the treatment of anxiety, depression, panic disorder, and social phobias. Off-label use includes fibromyalgia, neuropathic pain, and diabetic neuropathy. The clinical documents provided do not indicate a diagnosis of depression, anxiety or painc disorder, but there is a diagnosis of cervicalgia, and chronic pain syndrome. Accordingly, this medication is not recommended for use in treating these diagnoses. Additionally, there is no documentation of subjective complaints or objective findings consistent with radiculopathy. As such, the request is considered not medically necessary.

Voltaren 1% gel #5 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for Voltaren gel is not medically necessary.